

ISSUE SLIP STAPLE AREA (for additional cross references)

08/829887

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		01/22/01
O.I.P.E. CLASSIFIER		829	5/16/01
FORMALITY REVIEW	AT		05/18
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

BEST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	✓	51	✓	101	
2	✓	52	✓	102	
3	✓	53	✓	103	
4	✓	54	✓	104	
5	✓	55	✓	105	
6	✓	56	✓	106	
7	✓	57	✓	107	
8	✓	58	✓	108	
9	✓	59	✓	109	
10	✓	60	✓	110	
11	✓	61	✓	111	
12	✓	62	✓	112	
13	✓	63	✓	113	
14	✓	64	✓	114	
15	✓	65	✓	115	
16	✓	66	✓	116	
17	✓	67	✓	117	
18	✓	68	✓	118	
19	✓	69	✓	119	
20	✓	70	✓	120	
21	✓	71	✓	121	
22	✓	72	✓	122	
23	✓	73	✓	123	
24	✓	74	✓	124	
25	✓	75	✓	125	
26	✓	76	✓	126	
27	✓	77	✓	127	
28	✓	78	✓	128	
29	✓	79	✓	129	
30	✓	80	✓	130	
31	✓	81	✓	131	
32	✓	82	✓	132	
33	✓	83	✓	133	
34	✓	84	✓	134	
35	✓	85	✓	135	
36	✓	86	✓	136	
37	✓	87	✓	137	
38	✓	88	✓	138	
39	✓	89	✓	139	
40	✓	90	✓	140	
41	✓	91	✓	141	
42	✓	92	✓	142	
43	✓	93	✓	143	
44	✓	94	✓	144	
45	✓	95	✓	145	
46	✓	96	✓	146	
47	✓	97	✓	147	
48	✓	98	✓	148	
49	✓	99	✓	149	
50	✓	100	✓	150	

If more than 150 claims or 10 actions  
 staple additional sheet here

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